

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10683139

FILING DATE

14 MAR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
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38	/		/			
39	/		/	/		
40	/		/	/		
41	/		/	/		
42	/		/	/		
43	/		/	/		
44	/		/	/		
45	/		/	/		
46	/		/	/		
47	/		/	/		
48	/		/	/		
49	/		/	/		
50	/		/	/		
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	27	←	25	←		←
TOTAL CLAIMS	39		37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54			/			
55			/	/		
56			/	/		
57			/	/		
58			/	/		
59			/	/		
60			/	/		
61			/	(1)		
62			/	/		
63			/	/		
64			/	/		
65			/	/		
66			/	/		
67			/	/		
68			/	/		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						